
**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES
POLICIES AND PROCEDURES**

Approved By: *Ang Wainwright* Approval Date: 3/26/08

Federal and State Death Reporting

I. Purpose

This policy sets forth the requirements and procedures for reporting of deaths at State-operated facilities in accordance with Federal Regulations 42 CFR 482.13 (f)(7) (for hospitals), North Carolina General Statutes G.S. 122C-31, North Carolina Administrative Code 10A NCAC 26C .0301 and .0303 and DMH/DD/SAS Policy.

II. Policy

A. Federal Report

1. Facilities that are CMS certified must report to CMS Region IV by telephone by the close of the next business day following knowledge of patient/resident's death:
 - a. While a patient/resident is secluded or restrained
 - b. Within 24 hours of release of a patient/resident from seclusion or restraint
 - c. Within 7 days of release of a patient/resident from seclusion or restraint where it is reasonable to assume that the seclusion or restraint contributed to the patient/resident's death. This includes patients/residents whose death occurred post discharge but within 7 days of release from seclusion or restraint.

B. State Report to DHHS

1. Facilities must report, all deaths of patients/residents, as described in #2 – 4 below, that occur at State-operated facilities. Death notification is reported to:
 - a. Medical Examiner (ME) in the county in which the body of the deceased is located.
 - b. Division of Health Services Regulation (DHSR).
 - c. State Operated Services (SOS) of the Division of MH/DD/SAS
2. Facilities must report by the close of the next business day, any death that occurs:
 - a. While a patient/resident is secluded or restrained
 - b. Within 24 hours of release of a patient/resident from seclusion or restraint

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3/5/08

- c. Within 7 days of release of a patient/resident from seclusion or restraint where it is reasonable to assume that the seclusion or restraint contributed to the patient/resident's death. This includes patient/residents whose death occurred post discharge but within 7 days of release from seclusion or restraint.
- 3. Facilities must report, within 3 days, all other patient/resident deaths, including those of natural causes.
- 4. Facilities must report, within 3 days of becoming aware of the death of a patient/resident that occurred after transfer from the facility or within 7 days of discharge from the facility.

III. Scope

This policy applies to the State-operated facilities and their legal responsibility to report patient/resident deaths to the appropriate State and Federal government agencies.

IV. Definitions

- C. Restraint - Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient/resident to move his or her arms, legs, body, or head freely. (CMS definition)
- D. Manual or Therapeutic Hold - The limitation of free movement by physically holding or subduing a patient/resident using the techniques taught in the North Carolina Interventions (NCI) curriculum. (NCI definition) A manual or therapeutic hold of any duration is a form of restraint that is subject to the Federal regulations for restraint.
- E. Chemical Restraint - A drug or medication that is used as a restriction to manage the patient/resident's behavior or restrict the patient/resident's freedom of movement and is not a standard treatment or dosage for the patient/resident's condition. (CMS definition)
- F. "Seclusion" is the involuntary confinement of a patient/resident alone in a room or area from which the patient/resident is physically prevented from leaving. (CMS definition) Isolation time-out is the involuntary confinement of a patient/resident in a specified room from which the exit is barred, but is not locked and where there is constant supervision by staff for the purpose of ensuring the physical safety of the patient/resident and/or others. (NCAC definition) Isolation time-out is a form of seclusion for which the Federal regulation for seclusion applies.
- G. Immediately means at once, at or near the present time, without delay.

V. Procedures

A. Federal Reporting to CMS

- 1. Notify CMS Region IV by telephone by the close of the next business day following knowledge of the patient/resident's death.

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B. State Reporting to DHSR and SOS

1. Written notice may be submitted in person or by secure fax information pursuant to 10A NCAC 26C .0303 REPORTING REQUIREMENTS (d), Sub paragraphs (1) – (4).
2. If unable to submit written notice immediately, notification may be made by telephone.
3. Complete DHSR Death Report Form, pursuant to G.S. 122C-31(f). If the facility is unable to obtain any information sought on the form, or if any such information is not yet available, the facility shall explain so on the form. When information is complete, the facility is to submit the final report.
4. DHSR Notifications is sent to DHSR Complaint Intake Unit.
5. SOS Notification is sent to the SOS secure fax and identified on a cover sheet as a “Death Report”.

C. State Reporting to the Medical Examiner

1. Immediately upon knowing of a patient/resident death, and prior to moving the body of the deceased if the body is located at the State operated facility, notify by telephone the ME of the county in which the body of the deceased is located.
2. The facility will comply with the direction of the ME regarding moving the body of the deceased and inspection of the body by the Medical Examiner at the facility or at another location. Autopsies will be conducted at the discretion of the ME.
3. Submit written notice of the death according to V.B.3. of this policy.

D. The facility shall maintain documentation of death reporting for each patient/resident death including the date and time the death was reported to each Federal and State agency.

E. In addition to written death reporting, the facility shall also follow DMH/DD/SAS Policy CT-106, Notification in Case of Unusual Events, for notification of incidents, including deaths, which may have public or legal implications.

VI. Any exception to the above policy must be approved by the Chief, State Operated Services or designee.